

HP Enterprise Services

277U Companion Guide For the Unsolicited 277
Claims Status Response

Nevada Medicaid Management Information System
(NV MMIS)

State of Nevada

Division of Health Care Financing and Policy (DHCFP)
Medicaid Management Information System (MMIS)

In Support of the:

Nevada MMIS Takeover Project

Version 2.2

December 5, 2011



Change history

Date (mm/dd/yyyy)	Description of Changes	Pages Impacted
8/22/2011	Removed yellow highlighting from email addresses and phone numbers in response to specific deliverable review comments.	All
8/31/2011	Removed HP confidentiality and trademark statements for consistency with similar documentation.	ii
12/05/2011	Takeover HPES	All



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Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at <http://www.wpc-edi.com/HealthCareFinal.asp>.

Additional information is on the Department of Health and Human Services website at <http://aspe.hhs.gov/admsimp/>.

Purpose

HP Enterprise Services, Inc. has prepared this Companion Guide and website, <http://medicaid.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as “Medicaid” unless otherwise specified.)

This Companion Guide provides specific requirements for receiving electronic claim status data from HP Enterprise Services. It supplements but does not contradict the X12N Health Care Implementation Guides and should be used solely for the purpose of clarification.

When a provider has pended claims, HP Enterprise Services sends the Unsolicited 277 Claim Status Response (or 277U) transaction along with the 835 Remittance Advice (or 835) transaction.

The 277U transaction provides status information on pended electronic claims. Pended claims are not reported on the 835 remittance advice transactions.

The 277U transaction is in the same format as the HIPAA-required 277 health care claim status response transaction. The 277U transaction, however, is not required by HIPAA.

Questions



For technical questions regarding claim submission or testing, call the Electronic Commerce Customer Support Help Desk at (800) 924-6741.

For enrollment or setup questions, or for questions regarding content in this manual, please contact the EDI Coordinator at nvmmis.EDIsupport@hp.com or (877) 638-3472.



277U Unsolicited Claims Status Response

Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 – authorization information qualifier	00 = no authorization information present
B.4	N/A	ISA	ISA03 – security information qualifier	00 = no security information present
B.4	N/A	ISA	ISA05 – Interchange ID qualifier	ZZ = Mutually Defined
B.4	N/A	ISA	ISA06 – Interchange sender ID	NVM FHSC FA
B.4	N/A	ISA	ISA07 – Interchange ID qualifier	ZZ = mutually defined
B.6	N/A	ISA	ISA14 – Acknowledgement Requested	0 = no acknowledgement requested
B.8	N/A	GS	GS02 – application sender's code	NVM FHSC FA
B.8	N/A	GS	GS03 – application receiver's code	4-digit service center code assigned by HP Enterprise Services.
B.9	N/A	GS	GS08 – Version/Release/Industry identifier code	004010X093A1
126	N/A	BHT	BHT03 – reference identification	277X093A1
126	N/A	BHT	BHT06 – transaction type code	DG = claim status
131	2100A Payer Name	NM1	NM103 – payer organization name	Nevada Division of Healthcare (This is required until the National Provider Identifier (NPI) becomes active.)
131	2100A	NM1	NM108 - payer identification code qualifier	FI



Page	Loop	Segment	Data Element	Comments
132	2100A	NM1	NM109 - payer identification code	540849793
133	2100A	PER	Payer contact information	HP Enterprise Services/Nevada Medicaid does not send payer contact information. (This information is used to distinguish different contact points if the payer has multiple systems.)
139	2100B	NM1	NM108 – receiver identification code qualifier	XX = NPI 46 = API
140	2100B	NM1	NM109 – receiver identification code	10-digit National Provider Identifier (NPI) or Atypical Provider Identifier (API) of the billing provider
144	2100C	NM1	NM108 – provider identification code qualifier	XX = NPI SV = API
145	2100C	NM1	NM109 – provider identification code	10-digit National Provider Identifier (NPI) or Atypical Provider ID (API) of the billing provider
148	2000D	DMG		This segment is required. (The recipient is always the subscriber for Nevada Medicaid.)
150	2100D	NM1	NM101 – subscriber identification code	QC (The recipient is always the subscriber for Nevada Medicaid.)
151	2100D	NM1	NM102 – subscriber type qualifier	1 = person
151	2100D	NM1	NM108 – subscriber identification code qualifier	MI = Member ID number
152	2100D	NM1	NM109 – subscriber identifier	11-digit Recipient ID number
153	2200D	TRN	Claim submitter trace number	This segment is required. (The recipient is always the subscriber



Page	Loop	Segment	Data Element	Comments
				for Nevada Medicaid.)
153	2200D	TRN	TRN02 – reference identification	Provider's patient account number or prescription number.
165	2200D	REF	REF01 – reference identification qualifier	1K = payer claim number
166	2200D	REF	REF02 – reference identification	16-digit Internal Control Number (ICN) assigned to the claim by HP Enterprise Services.
14 (A)	2200D	REF		HP Enterprise Services/Nevada Medicaid does not use the LU REF segment. (The information in this segment shows the group to which the patient belongs.)
171	2200D	DTP	Claim service date	This segment is required. (The recipient is always the subscriber for Nevada Medicaid.)
190 - 234	All Loops	All Segments	All data elements – not used. Dependent level.	None of the loops/segments for dependent are used. (The recipient is always the subscriber for Nevada Medicaid.)

